PTO/SB/06 (08-03) Approved for use through 7/31/2006. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number -			
Substitute for Form PTO-875												
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL	ENTITY	OR	OTHER THAN SMALL ENTITY			
FOR NUMBER FILED NUMBER EXTRA					RATE	FEE		RATE	FEE			
BASIC FEE (37 CFR 1.16(a))						385	s 385	OR		s		
TOTAL CLAIMS (37 CFR 1.16(c)) 20 minus 20 =				= · &	· Ø		x \$ 9 =	a	OR	x \$ =		
IND	PENDENT CLAIR CFR 1.16(b))		minus 3 = • £		<b>Y</b>		× \$ 43 =	Ø	OR	x \$ =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$=		OR	+5 =		
* If the difference in column 1 is less than zero, enter *0" in column 2.							TOTAL	385	OR	TOTAL		
CLAIMS AS AMENDED - PART II												
									OR	OTHER	R THAN	
	, , , , , , , , , , , , , , , , , , , ,			(Column 3)		SMALL	ENTITY	I ON	SMALL	ENTITY		
ENT A		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
)ME	Total (37 CFR 1.18(c))	•	Minus	**	=		x \$ =		OR	X-\$ =		
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***	= .		x \$_ =		OR	x \$ =		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$ =		OR	+\$ =		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
)ME	Total (37 CFR 1.16(c))	•	Minus	**	=		x \$=		OR	x \$ =		
EN	Independent (37 CFR 1.16(b))	•	Minus	***	=		x \$ =		OR	x \$ =		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s =		OR	+s =		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)							
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total (37 CFR 1.16(c))	•	Minus	**	=		x \$=		OR	x \$=		
ä	Independent (37 CFR 1.16(b))	•	Minus	***	=		X \$ =		OR	x \$=		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$=		OR	+ \$=		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA FOR RATE RATE FEE FEE BASIC FEE <u> 385</u> 385 (37 CFR 1.16(a)) OR **TOTAL CLAIMS** 20 Ø minus 20 = Ø (37 CFR 1.16(c)) x s OR INDEPENDENT CLAIMS 3 Ø Ø (37 CFR 1.16(b)) minus 3 = X S OR (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT OR 385 TOTAL TOTAL \* If the difference in column 1 is less than zero, enter "0" in column 2. OR CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 3) (Column 2) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-ENT PREVIOUSLY **EXTRA** TIONAL TIONAL **AFTER** AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus ENDM X \$ X \$ OR Minus X \$ OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST  $\mathbf{\omega}$ PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-ENT **AFTER** PREVIOUSLY **EXTRA** TIONAL TIONAL **AMENDMENT** PAID FOR FEE FEE IENDMI Total Minus (37 CFR 1.18(c)) OR Independent (37 CFR 1.16(b)) Minus X \$ X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL . TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O REMAINING PRESENT RATE ADDI-RATE NUMBER ADDI-ENT **EXTRA** AFTER AMENDMENT TIONAL FEE PREVIOUSLY TIONAL PAID FOR FEE Total (37 CFR 1.18(c)) NDM Minus X \$ independent (37 CFR 1.18(b)) Minus Ш X S X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

ADD'L FEE

OR

ADD'L FEE

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

## Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 10751324 **CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN** (Column 2) TYPE [ (Column 1) SMALL ENTITY OR **TOTAL CLAIMS** 90 RATE FEE RATE FEE OR BASIC FEE BASIC FEE 385.00 770.00 NUMBER EXTRA FOR NUMBER FILED TOTAL CHARGEABLE CLAIMS Minus 20= X\$ 9= X\$18= OR minus 3 = INDEPENDENT CLAIMS X43= X86= OR MULTIPLE DEPENDENT CLAIM PRESENT +290= +145= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 385 TOTAL TOTAL OR **OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY SMALL ENTITY** OR (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST ADDI-ADDI-NUMBER **PRESENT** REMAINING TIONAL TIONAL RATE RATE AFTER **PREVIOUSLY** ENDMENT **EXTRA** FEE FEE **AMENDMENT** PAID FOR X\$18= Minus X\$ 9= Total OR Independent Minus \*\*\* X86= X43= OŘ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT 8 **TIONAL** RATE TIONAL RATE EN **AFTER PREVIOUSLY EXTRA** FEE FEE **AMENDMENT** PAID FOR AMENDM Total Minus X\$ 9= X\$18= \*\* OR Ind pendent Minus X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-ADDI-NUMBER PRESENT REMAINING RATE TIONAL **RATE** TIONAL **PREVIOUSLY AFTER EXTRA** ENDMENT PAID FOR FEE **AMENDMENT** FEE Total Minus X\$18= \*\* X\$ 9= OR Independent Minus X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290=

OR

OR

TOTAL

ADDIT, FEE

+145=

ADDIT. FEE

TOTAL

<sup>\*</sup> If the entry in column 1 is less than the ntry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

<sup>\*\*\*</sup>If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriat box in column 1.